PLACE OF DEATH Very OCCUPATION PHYSICIANS RECORD PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) ORDIVORCED (Write the word) 6 DATE OF BIRTH classified. (Year) (Month) (Day) pe 7 AGE If LESS than 1 day hrs. OR mio. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) certificate. (Secondary) that 10 NAME OF (Signed) FATHER MARGIN 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER plai OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country yrs. State Where was disease contracted. if got at place of death? 0 Q OF usual residence. Every Item CAUSE OF Important, OF BURIAL OR REMOVAL 15 29 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death accorred in .Ward) a hospital or Institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH (Day) (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, a The CAUSE OF DEATH* was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerreral scotichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.	
tated EXACTLY. Exact statement	
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Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate,	
N. B.—Every Item CAUSE OF Important.	

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [If death occurred in St:....Ward) a hospital or institution. give its NAME instead Derber 19 of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, Warried 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1 day, ...hrs. The CAUSE OF DEATH * was as follows: 23 OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (Secondary) (State or country) 10 NAME OF 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State yrs. mos. (State or country) Where was disease contracted. if not at place of death?. Former or usual residence... 15 DDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should he used only when needed. As examples: the nature of the huslness or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the misease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing cer" is less definite; avoid use of "Tumor" for malig dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples: For vio-

PLACE OF DEATH	STATE OF MARYLAND
County Marys	CERTIFICATE OF DEATH
All 1 · · · · · ·	Registered No.
Village Lettechamesville Held 2 FULL NAME Katharine Re	St; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Auale White Single Wilder Wille the word Spare of BIRTH Lawy 20th 1913	18 DATE OF DEATH Jany 26 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended declased from Jany 26 1913, to Jany 26 1913
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at #300 m The CAUSE OF DEATH* was as follows:
**CCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Cardiae Caresis (Quration) 24 hours.
**Which employed (or employer) **BIRTHPLACE (State or county) Calaures wille. Wed. **Indian of the county of the	Contributory Dom Tith Recurrence (Secondary) Volcina from mosther (Diration) yrs mos ds (Signed) SUNRich
11 BIRTHPLACE OF FATHER (State or country) Wary's Co. Med. 12 MAIDEN NAME OF MOTHER atharine Parby	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) auropalis, Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Mechanicsville, Wed.	If not et place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
of more blanks are needed, address State Registrar, 6 K	Franklin St. Ralto Requesting V S No. 1

[Approved by U. S. Census and American Public Realth Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations heen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. if the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulthe nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples For vio-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Fif death occurred inWard) Village or City a hospital or institution. give its NAME Instead of street and number.] ²FULL NAME MEDICAL CERAFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH alive on (Year) (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above 1 dayhrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING PLATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. ___ ____ yrs. ____ mos. ___ _ ds. Where was disease contracted, If not at place of death? Former or (Informant) 4 usual reddence (Address) UNDER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," Cunqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

sucb, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceichildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of For vio-





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state Yery

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 28

St: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	MEDIONE C	PERTITIONIE OF	PERIII	
18 DATE OF	DEATH Ja	(Month)	(Day)	., 1918. (Year)
17	I HEREBY	CERTIFY, That I	attended dec	essed from
alece	mbes., 191	2 to gan	nary.	1913
that I last say	w haisasa alive	on Gamm	ary £5	, 1913
and that deat	h occurred on	the date stated	bove, at	m Rm
The CAUSE	OF DEATH* W	as as follows:		
Hangs	ing by a	The de la second	to arra,	Lann
about	2 Done	Garange k	4 27 191	1-5
Hada	Fried.	G. Int. R. O. De	at after	Laring
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m		(Duration)	yrs m	osds
(Signed)	THE OTTO	40mm -	A STATE OF THE PERSON NAMED IN	. м. р
Gan 2>	, 191 3 (Add	tress) Red 3	Andr Shi	arryla.
*State the CAUSES, sta TAL, SUICIE	e DISEASE CAUS te (1) MEANS DAL, OF HOMICI	SING DEATH, or, II OF INJURY; and DAL.	deaths from (2) whether	VIOLENT ACCIDEN-
18 LENGTH	FRESIDENCE RESIDENTS)	(FOR HOSPITALS, I	NSTITUTIONS,	TRANSIENTS
At place		In the		
		ds. State	yrs n	nos ds
Where was disea if not at place of		0-222		
Former or				
usual residence.				***************************************
PLACE OF	BURIAL OR F	REMOVAL	DATE OF BU	
28110	17/1///	2. als 11	(120)	9 101 7

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobite factory. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mitt; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of tungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclature of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. "Contributory." by carbolic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rathray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," vatvular heart disease; Chronic interstitiat nephritis. which surgical operation was undertaken. mere symptoms or terminal conditions, such as "An-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 nant neoplasms); Meastes; Whooping cough; Chronic oma. Sarcoma. etc., of __ is less definite; avoid use of "Tumor" for many The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-

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RECORD PERMANENT UNFADING INK-THIS

PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 288

St	ţ	Ward)	
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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
8 D	ATE OF BIRTH V	17 I HEREBY CERTIFY, That I attended deceased from 191 , 191 ,
	(Month) (Day) (Year)	that I last saw h alive on
7 A	GE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a)	OCCUPATION) Trade, profession, or Teneral mere handise) General nature of industry.	for some living and died he mas
whi	iness, or establishment in ich employed (or employer)	death. (Ouration) yrs. mos. ds.
9 B	IRTHPLACE (tate or country)	(Secondary)
S	10 NAME OF FATHER A A A TOPES	(Signed) Orling M. D. (Signed) 1913 (Address) Orline M. D.
ARENT	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the ot death
	(Informant).	Where was disease contracted, If not at place of death? Former or
15	(Address) Oorbrilles Inda	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	led	20 UNDERTAKER LONE MORESS ADDRESS ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. materiai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or misearriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of sertificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

PLACE OF DEATH	779	(18
Village or City Morgan	3W. (No	(6)
_ 2 FULL NAME anh	Hal	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St;Ward)

[If death occurred in a hospital or institution,

= 2 PULL NAME ann Hall	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH Abul 20 , 1892 (Month) (Day) (Year)	that I last saw h. M. alive on June 1 ,1913.
7 AGE If LESS than t day,hrs. ORmin. ?	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, prafession, or particular kind of work (b) General nature of industry,	
business, ar establishment in which employed (or employer) BERTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF JM J. July 1. 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 1 2 (Address) Margin 4. D. *State the DISEASE CAUSING DEATH, of in deaths from Violent
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Mongains Ind	19 PLACE OF BURIAL OR REMOVAL Salulu Century 20 UNDERTAKER PADDRESS ADDRESS
REGISTRAR	R E Franklin St. Palta Pagnastine V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But in many Thysician, Compositor, Architect, Locomotive engineer first iine wiii be sufficient, e. g., been changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If rethred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(roup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperar septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples:

should s RECORD PERMANENT classified properly supplied. pe UNFADING may = that WITH back terma. ahould 60 plain Instructiona 5 DEATH Jo 9 mportant. ш Every

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STATE OF MARYLAND PLAGE OF DEATH CERTIFICATE OF DEATH Registered No. (if death occurred in St:Ward) a hospital or institution. give its NAME Instead efistreet and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH .. S SINGLE. SEX . 4 COLOR OR RACE MARRIO, Marrico WIDOWED. (Month). (Day) Write the word) I HEREBY CERTIFY That I attended deceased from 6 DATE OF BIRTH 191 ; , to, (Month) (Day) (Year) 7 AGE If LESS than and that death-occurred on the date stated above, at .. 1 - 0 ay, hrs. The CAUSE OF DEATH* was asitollows; min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State 'or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL. SUIGIDAL, or HOMICIDAL, 12 MAIOEN NAME 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENIS, OR RECENT RESIDENTS 13 BIRTHPLACE n the At place... OF MOTHER State yrs. _.... of death _____ yrs -___ mos ___ ds. Where was disease contracted it not at place of death?.. Former or usual residence BLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS ... 1912 Flied. REGISTRAR If more blanks are need d. address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by :U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman."

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing disease agreetion with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Puerperal septichacaffection need not he stated unless important. cer" is less definite; avoid use of "Tumor" for mailg ture of the American Medical Association.) mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which sprgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train—acci-The contributory Aiways qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary (name origin; "Canor intercurrent) death), 29 ds.;

OCCUPATION IS PHYSICIANS RECORD 90 statement EXACTLY. Exact classified. pe pinous properly AGI supplied. pe may certificate. 1 that 80 90 back terms, pinous 0 piain instructions Information = DEATH of OF Important. ы CAUSE

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St .:Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH 1912 that I last saw h Attl. alive on (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which emplayed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ., 1913.... (Address) New The ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER of death _____ yrs. mos. ds. State yrs. ____ mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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mus," "Old Age," "Shock," "Uraemla," "Weakness," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chrowio ver" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of _ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head of (name origin; "Can-Never report Examples:

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS, IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

	782	
	PLACE OF DEATH	STATE OF MARYLAND
	8 1/1 08/1 1/4C	CERTIFICATE OF DEATH
Co	ounty 2	h Ch
	11 1 1	Registration Dist. No.
V	illage or City on field (No.	St; Ward) [If deeth occurred in a hospital or institution give its NAME instead
	FULL NAME () DSUE (Addley of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	temal Colors of RACE Single, MARRIEO, WIOOWEO, ORDIVORCE Write the Word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH M	No. 15
	Mov 2 1899	1913, 10 Jany 1, 1913.
	(Month) (Day) (Year)	that I last saw her alive on Josep 17 1913
TAC	SE It LESS than	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrsds. ORmin. ?	()
	CCUPATION	(nemona dobos
	Trade, protession, or ticular kind of work	Marila
	General nature of industry,	
	ness, or establishment in	(Duration) yrs. mos / 2 ds.
	ch employed (or employer)	Contributory
(8)	RTHPLACE (acte or country) A Marys	(Secondary)
		(Duration) yrs mos ds,
	10 NAME OF FATHER	(Signed) & Veleyed
	James / roung	Melao
Ë	11 BIRTHPLACE OF FATHER (State or country) Mary	, 191 (Address) // 2
E		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STRUCKS AND AC
ARENTS	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HUMICIDAL.
0	uda Hucel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) May 5	At place in the ot death yrs mos ds. State yrs mos ds
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	Stames Holler.	it not at place of death?
	(Informant)	usuai residence
	Margo sonfield Horbor	19 STACE OF SURIAL OR REMOVAL DATE OF BURIAL
15	Address	At dulles Jany 20, 1913
	Jan 21 2 / / Vloud	20 UNDERTAKER A ADDRESS
File	eg 7 7 191 3	710410
-6	AEGISTRAR	Wallacegh Hidge
	It more blanks are needed, address State Registrar, 6 F	2. Franklin St., Balto., Requesting V. S. No. 1

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. ture of the American Medical Association. "Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 State cause for For Vio-

No. œ. 1 PLACE OF DEATH of man

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist, No. 2 86
Village or City alum (No	St.; Ward) [If death occurred le a hospital or lostitulico give its NAME losteac of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Viale Color or RACE Single, because wisdwed, Ordiverce (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY GERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	fa 1912 to fe 1913
7 AGE if LESS than 1 day,	and that death occurred on the date stated above, at
OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) / yrs. / Omos. ds. Contributory (Secondary) (Ooration) / yrs. mos. / ds.
OF MAIDEN NAME OF MOTHER 10 NAME OF FATHER Caresleff Visibelle 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , M. D.
OF MOTHER WILLS WILLS WILLS WILL AND WI	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death?
(Address) Paleur ud	USUAL TESIDENCE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

RECISTRAR

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulcases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head childbirth or miscarriage, as "PUERPERAL septichnemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhausticn," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For VIO-

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PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT stated EXACTLY. e carefully supplied. AGE should be s so that it may be properly classified. 4 2 THIS UNFADING INK-See instructions on back of certificate. PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s. WRITE Important.

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Village or City Ovilville (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 288 St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Blook (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH	
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	that I last saw h alive on 191 and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Perfections of the profession	Contributory (Secondary) (Ouration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) M M M M M M M M M M M M M M M M M M	(Signed)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ellword Infant Address) Our Fille Ind	At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL
Filed, 191	2DUNDERTAKER ADDRESS ESlevil relace Ostrille

[Approved by L. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Lahorer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septichaeinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can State cause for Examples:

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers nime, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as it should be used only when needed. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," it is nec-(4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerelicospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pheumonia; Bronchopheumonia ("Pheumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc.. Carcin-

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St :... .Ward)

[It death occurred in a hospital or institution, give its NAME instead

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	22, 1913 (Day) (Year)
17 I HEREBY CERTIFY, That	/
that I last saw h An alive on July	23,1913
and that death occurred on the date state	ed above, at 11 P. n
The CAUSE OF DEATH * was as follows:	
mens	mmu -

O (Duration)	
(Daranou)	yrsmos
Contributory Influence	w,
La Alyena	
Contributory In Suem	W,
Contributory Statemy (Secondary) (Buration)	w, yrs mos o
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Contributory (Secondary) (Signed) (Signed) (Duration) *State the DISEASE CAUSING DEATH, OR CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENCE) At place In the	yrs mos
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At) more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

DATE OF BIRTH TAGE (Month) (Day (Year) (Month) (Day (Year) TAGE (Month) (Day (Year) (All I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above, at the I last saw h allve on and that death occurred on the date stated above,	Village or City Shaptics (No 2FULL NAME Scter 11			St.;Ward)	[It death occur a hospital or insti give its NAME in ot street and num
DATE OF BIRTH TAGE (Month) (Day (Year) (Italian) (Address) (Darlin) (Darlin) (Darlin) (Darlin) (Start of country) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signe	PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL	CERTIFICATE OF	DEATH
ACT Month (Day (Year) TAGE AND HESS THAN 1 day, hrs. B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) B IRTHPLACE (State or country) The Cause of State of Country) To NAME OF FATHER The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Cause of Burlad of Residence (Address) A A A A A A A A A A A A A A A A A A A	MARRIED, WIDOWED.		***************************************	(Month)	(Day (Ye
TAGE It LESS than 1 day, hrs. It LESS than					
about the great stated above, at the cause stated above, at the cause of the date of the cause o	(Month) (Day	(Year)	that I last saw hal	live on	, 1
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*State the Disease Causing Death, or, in deaths from Vi Causes, state (1) Means of Injury; and (2) whether Ac Tal, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) & Causes, state (1) Means of Injury; and (2) whether Ac OR RECENT Residents 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (intermant) & Calle Long & Suicidal (Address) & Causes & Causing Death, or, in deaths from Vi Causes, state (1) Means of Injury; and (2) whether Ac OR Recent Residence. 18 Length of Residence (For Hospitals, Institutions, Transformer or Used In the Office of death yrs. mos. ds. State	(a) Trade, protession, or particular kind of work Type Cornuage V Day S (b) General nature of Industry, business, or establishment in		Sely 24 191	3. Law Tro	cogenos he
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Where was disease contracted, it not at place of death? (interment) (Address). Miles Form Mac (Address). Miles Form Mac (Address). Mac Date of Burial or Removal Date of Burial Date of	(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PELEN William OF FATHER (State or country) (State or country) (State or country)	u -	Contributory Secondary (Signed) Contributory Secondary	3. Law Tro (Duration) (Duration) (Address)	yrs mos. yrs mos.
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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